

DOES THE SOURCE OF REFERRAL AFFECT THE FINDINGS IN EMERGENCY SCROTAL EXPLORATIONS?

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Aim: It is recognised that there is a 4-8 hour window before significant ischaemic damage occurs in testicular torsion, with delayed exploration leading to increased orchidectomy rates.

This single centre study retrospectively analyses the intra-operative findings relative to source of referral for a consecutive series of emergency scrotal explorations performed in a tertiary level paediatric surgery department.

Methods: For the period April 2008 to April 2016 all patients who underwent emergency scrotal exploration under the care of paediatric surgery in our unit were identified. Clinical data were obtained from contemporaneous records.

Results: Over the 8-year study period, 656 patients underwent emergency scrotal exploration. 295 (45%) attended our emergency department (ED) directly, 272 (41%) were referred from primary care and 89 (13%) were transferred from other hospitals. Testicular torsion was present in 116 (17.7%). Testicular detorsion with bilateral fixation was performed in 68 (58.6%) and orchidectomy with contralateral fixation in 48 (41.4%) where the torqued testis was non-viable intraoperatively.

Excluding procedures in neonates, the orchidectomy rate in the presence of torsion was 15 of 56 (27%) in ED referrals, 13 of 31 (42%) in primary care referrals, and 10 of 18 (56%) for transfers ($p=0.025$ vs ED referrals).

Conclusion: Boys undergoing emergency scrotal exploration had a higher orchidectomy rate when transferred from other hospitals to our unit, which was statistically significant when compared to boys presenting directly to our ED.

This provides a strong argument for undertaking paediatric scrotal explorations in the referring hospitals rather than delaying their care. Provision of this service should be addressed via exposure of adult surgical trainees to the general surgery of children.